

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003392

FILED
Sep 09, 2003
Secretary of State

Entity Name: ICE BULLS, INC.

Current Principal Place of Business:

P.O. BOX 773
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 773
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 30-0079832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUZER, MITCHELL L
11842 BRANCH MOORING
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: VELAZQUES, JEREMY P
Address: 14646 ASTINA WAY
City-St-Zip: ORLANDO, FL 32837 US

Title: T () Change (X) Addition
Name: BREWSTER, BOBBY V
Address: 8003 DAMONT CT
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: D () Change (X) Addition
Name: PICCOLO, THOMAS T
Address: 5931 27TH TERRACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEREMY VELAZQUEZ

P

09/09/2003

Electronic Signature of Signing Officer or Director

Date